⁵U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13573	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Johnnie R Puckett	Name Sheet Metal Workers' Local Union 406 Labor Organization File Number 0/969 6	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 8851	
Street 1137 Barker Lane	Street 510 Guidici St.	
City Hazlehurst	City Jackson () () () () () () () () () (
State MS ZIP Code + 4 39083	State MS ZIP Code + 4 39204	
5. Position in labor organization. Recording Secretary/Organizer		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ion represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ion represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty or	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount.	

Name of Person Filing Johnnie R. Puckett	File Number U-	
3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MS SMW Health & Welfare Fund	14.a. Nature of payment. Paid for dinner at bi—annual Trustee meeting	
Trade Name, if any:	4/8/04: \$51.31 7/29/04: \$55.53	
P.O. Box, Bldg., Room No., if any Street 10054 I-10 Service Rd., E. Building #1 City New Orleans State LA ZIP Code +4 70127-1888	\$106.84	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. 106.84	